

| Coverage Type | Coverage Level | Limits | Ded. | Ded. Type | Currency | Parent Limit | Parent Ded. | Min Ded. | Max Ded. |
|----------------------------|----------------|--------|------|-----------|----------|--------------|-------------|----------|----------|
| Medical Payments Coverage: | Per Accident | 0 | 0 | | | 0 | 0 | 0 | 0 |
| Comprehensive: | Per Accident | 0 | 500 | 1 | | 0 | 0 | 0 | 0 |
| Collision: | Per Accident | 0 | 500 | 1 | | 0 | 0 | 0 | 0 |

Policyholder

Address 4115 SMITH DR, SPENCER, Oklahoma, United States, 73084-8929.
SSN

Loss Details

Date of Loss 11/04/2015
Time of Loss
Date Reported 12/05/2016
Reported By Insured
Person who reported the claim
Reported To Diana Koss
Indicate if applicable coverage(s) and deductible(s) were read. False
Indicate if the insured requested tow only False
Indicate if the caller is filing this loss for record only False
Indicate if a Weather/Catastrophe loss False
Indicate if insured has received suit papers?
Cause of Loss Explanations Collision: If the customer's vehicle strikes or is struck by another vehicle or object, ie. Mailbox, fence, shopping cart, etc. or a person Comprehensive: Damage to the customer's vehicle other than collision, i.e. missiles, falling objects, windstorm, hail, fire, explosion, earthquake, water, flood, total or partial theft, malicious mischief, vandalism, riot, civil commotion, or hitting or being hit by a bird or an animal.
Cause of Loss Explanations Injury Only: If the loss involves an injury only to the customer without involving a collision of any vehicle.
Loss Type/Line of Business Automobile
Cause Of Loss Injury Only
Claim Group
Facts of Loss reference claim # 36-863W-245.V2 r/e V*1

Loss Location

Intersection No
Address Oklahoma City, Oklahoma, United States,
Description of Loss Location (i.e. mall parking lot, parking garage, etc.)

Preliminary Information

Indicate if the loss was single or multi-car Multi Car
Were there any Passengers?
Indicate if Hit and Run Loss No
Indicate if a Phantom Vehicle is Involved
Was this incident reported to the police?
Were there any witnesses that provided contact information?
Were there any injuries to pedestrian(s)?
Indicate if an unlisted driver is involved in the loss

Insured Vehicle

Year 2004
Make Mitsubishi
Model 2DR;ECLIPSE
Body Type Other
Identification Number 4A3AC34G74E043373

Questions

Is this a business vehicle? (The vehicle involved in the loss is used in the course of business or owned by a business. Some examples include a mail carrier vehicle, pizza delivery, construction truck, 18 wheelers or any rental vehicle other than Hertz or Enterprise). No
Indicate if this is a specialty vehicle (Motorcycle, RV, ATV, Snowmobile, Trailer or Golf cart) No

Third Party Vehicle

Year 2005
Make Nissan
Model MAXIMA

EXHIBIT 3

SF-00186